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ZII III KODII IDOI		- 1		/	ertify that the tal Service value to the Mai do the USP	is Fee(s) Transmittal is being with sufficient postage for fill Stop ISSUE FEE address TO (571) 273-2885, on the	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.	
OKLAHOMA CITY, OK 73102		AUG 1 8 20		Debra M. Tyler			(Depositor's name)	
				8 Ju	ma ju	Bia	(Signature)	
		\	WE THAT	Au Au	gust 14	, 2006	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/010,552	11/02/2001		Carl Fo		68/51/56	06 EHAILEZ 00000040	502364 <u>18818552</u> 6730	
TITLE OF INVENTION: E	LECTRONIC INVENTORY	MOVEMENT A	ND CONTRO	OL DEVICE	01 FC:25 02 FC:15			
APPLN, TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$300		\$1000	08/31/2006		
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
CUFF, MICHAEL A		3627		705-028000		•		
Change of correspondence address (or Change of Correspondenc Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			registered attorney or agent) and the names of up to					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	Γ (print or type)				
PLEASE NOTE: Unless		elow, no assignee	data will app	ear on the patent.	If an assignment.	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Living Naturally, LLC Wichita, KS								
Please check the appropriate	e assignee category or category	ories (will not be pr	inted on the p	patent): 🔲 Indiv	idual 🙀 C	orporation or other private g	roup entity Government	
				p. Payment of Fee(s):				
Issue Fee Publication Fee (No small entity discount permitted)			☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of	ed)	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502364 (enclose an extra copy of this form).						
	(from status indicated above		Π					
	MALL ENTITY status. See			_	-	LL ENTITY status. See 37 (
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Authorized Signature	Mate 6 C	Yes		=		ugust 14, 2006		
Typed or printed name _	31 U	Registration No. 44,992						
This collection of information	on is required by 37 CFR 1.3	111. The information	n is required	to obtain or retain	benefit by	the public which is to file (a	nd by the USPTO to process)	

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